

PETITION FOR PHASE CHANGE

LAC OR LAMFT

RECOMMENDATION FOR BOARD APPROVAL OF PHASE CHANGE

Forward with the Evaluation and CCH Report indicating completion of *Phase/Phases*

Name _____ License number _____

CHANGE TO PHASE

II III
Circle One

PETITION TO TAKE NCMHCE _____

Check

Yes, I recommend that _____ be placed in *Phase* _____

Yes, I recommend that _____ take the NCMHCE. Phases I & II completed.

Supervisor _____ Date _____

Supervisee _____ Date _____

Comments:

Board approves _____ to be placed in *PHASE* _____
needing _____ CCH to complete.

Board approves _____ petition to take the NCMHCE

Board does not approve _____ to be placed in *PHASE* _____

Board does not approve _____ to take NCMHCE

Signature _____ Date _____

Attach additional sheet for comments if needed.

PETITION FOR LICENSE CHANGE

Forward with revised Statement of Intent

LAC CHANGE TO LPC

Arkansas Code Annotated 17-27-302(d)
and 17-27-301(6)

LAMFT CHANGE TO LMFT

Arkansas Code Annotated 17-27-305(d) and
and 17-27-304(2)

Yes, I recommend that _____ petition to change license status,
having completed all three (3) phases per Arkansas Code Annotate 17-27-101 et seq

_____ I recommend the Board waive the Oral Examination for the **LPC LMFT** license.
Circle one

_____ I recommend the Board schedule the Oral Examination for the **LPC LMFT** license.
Circle One

If the recommendation is for the Oral Examination, complete the comment section.

COMMENTS:

Supervisor _____ Date _____

Supervisee _____ Date _____

_____ Board will waive the Oral Examination

_____ Board will schedule appointment for Oral Examination on _____.

Signature _____ Date _____

Attach additional sheet for comments if needed.